



208 W. Emporia Street  
Ontario, CA 91762  
(909) 395-2006

## Statement of Interest Ontario Quiet Home Program Residential Sound Insulation Project

<b>SITE ADDRESS:</b>					
<b>PROPERTY OWNER'S NAME:</b>					
<b>MAILING ADDRESS:</b>					
Home Phone:	( )	Work Phone:	( )	Cell Phone:	( )
<b>Total Number of Legal Owners:</b>					
<b>Add'l Property Owner Name:</b>					
<b>Mailing Address:</b>					
Home Phone:	( )	Work Phone:	( )	Cell Phone:	( )
<b>Add'l Property Owner Name:</b>					
<b>Mailing Address:</b>					
Home Phone:	( )	Work Phone:	( )	Cell Phone:	( )
<b>Tenant Name (if applicable):</b>					
Home Phone:	( )	Work Phone:	( )	Cell Phone:	( )
<b>Tenant Name (if applicable):</b>					
Home Phone:	( )	Work Phone:	( )	Cell Phone:	( )

Best time to call:	Property Owner	Tenant
8:00 am – 12:00 noon	<input type="checkbox"/>	<input type="checkbox"/>
12:00 noon – 5:00 pm	<input type="checkbox"/>	<input type="checkbox"/>
5:00 pm – 8:00 pm	<input type="checkbox"/>	<input type="checkbox"/>

Other time \_\_\_\_\_

Number of dwellings/structures: \_\_\_\_\_

Structure is: Single Family ☐ Duplex ☐ Triplex ☐ Multiplex ☐

Property is occupied by: Owner ☐ Tenant ☐ Owner/Tenant ☐

How many people currently reside at this property? \_\_\_\_\_

Spanish Speaking Required ☐

☐ **YES**, I am interested in participating in the Residential Sound Insulation Project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **NO**, I am not interested in participating in the Residential Sound Insulation Project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

APN : \_\_\_\_\_ GRANT : \_\_\_\_\_  
BLOCK : \_\_\_\_\_ IN PART 150 CONTOUR \_\_\_\_\_ COMMENT : \_\_\_\_\_  
(Exclude blocks :37,39,43,47,49,50,52,54,57,58,59,62,63,64,66,67,69,70)